



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500**

FORM F: LAW SCHOOL VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending testing accommodations on the First-Year Law Students' Examination or the California Bar Examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name:

Date(s) of evaluation/treatment:

File Number: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO LAW SCHOOL OFFICIAL:

The above-named person is requesting accommodations on the California First-Year Law Students' Examination or the California Bar Examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she received in law school.

I, _____, state that my position is _____
(Name of Law School Official Completing Form)

_____ at _____
(Dean/Registrar/Disabilities Program Coordinator) (Name of Law School)

As such, it is my responsibility to authorize any testing accommodations requested by students with disabilities for the specific purpose of allowing such students to take examinations on an equal basis with other students.

The above named petitioner, who _____ in attendance at this law school _____
(is/was) (was/was not)

given authorization to receive testing accommodations during the administration of examinations at this school.

Petitioner was accommodated for the following disability:

And was granted the following accommodation(s): _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Executed on _____ by _____

(Signature)

Address:

Telephone Number: _____